



Personal information

☒ Mark if your address is different than your last return
☒ Amended return ☒ Filing for a deceased taxpayer

OFFICIAL USE ONLY

Your first name

ML

Last name

AAAAAAAAAAAAAAAAAA

A

AAAAAAAAAAAAAAAAAA

Spouse's first name

ML

Last name

AAAAAAAAAAAAAAAAAA

A

AAAAAAAAAAAAAAAAAA

Your social security number

Spouse's social security number

Your daytime phone number

999-99-9999

999-99-9999

999-999-9999

Home address (number and street) If foreign address use Schedule S.

Apartment number

99999AAAAAAAAAAAAAAAAA

99AAA

AAAAAAAAAAAAAAAAAAAAAAAAAAAA

City

State

Zip

AAAAAAAAAAAAAAAAAAAA

AA

99999-9999

Filing status

1 ☒ Single ☒ Married filing jointly ☒ Married filing separately ☒ Dependent claimed by someone else

☒ Married filing separately on same return Lines 3 through 43 are combined amounts. Attach Calculation J.

☒ Head of household Name of qualifying person who is not your dependent appears on Schedule S. Attach Schedule S.

2 ☒ Part-year resident Number of months of DC residency: 99

Income Amounts for lines 3 through 12 are from your federal return. Some types of income reported on your federal return are not listed on your DC return, but are included in your federal adjusted gross income. If amount is zero, leave line blank.

3 Wages, salaries, tips, etc. 3 999999999.00

4 Taxable interest 4 999999999.00

5 Ordinary dividends 5 999999999.00

6 Business income or loss Attach copy of federal Schedule C, C-EZ or F. Mark if loss: ☒ 6 999999999.00

Federal employer ID 99-9999999

7 Capital gain or loss Attach copy of federal Schedule D. Mark if loss: ☒ 7 999999999.00

8 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Mark if loss: ☒ 8 999999999.00

Attach copy of federal Schedule E.

9 Other income From 1040, line 21. Mark if loss: ☒ 9 999999999.00

10 Federal total income Mark if loss: ☒ 10 999999999.00

11 Adjustments Attach copy of page 1 of 1040 or 1040A. 11 999999999.00

12 Federal adjusted gross income Mark if loss: ☒ 12 999999999.00

13 Subtractions from federal adjusted gross income From Calculation A, page 9. 13 999999999.00

13a Amount you paid to DC college savings plan this year

13a 999999999.00

13b For part-year residents, income received while residing outside DC

999999999.00

14 Add Line 13 and 13a, then subtract from line 12 Mark if loss: ☒ 14 999999999.00

15 Additions to federal adjusted gross income From Calculation B 15 999999999.00

16 DC adjusted gross income Line 14 plus line 15. Mark if loss: ☒ 16 999999999.00

Your last name and SSN AAAAAAAAAAAAAAAAAAAAAA 999-99-9999

File order 2



0 2 0 4 0 0 4 2 0 0 0 0

DC taxable income	Amount from line 16 on the previous page.	16	999999999.00
17 Deduction type	X Standard X Itemized Attach copy of federal Schedule A.		
18 DC deduction amount		18	999999999.00
19 Number of exemptions	99		
20 Exemption amount	\$1,370 multiplied by line 19. If part-year resident, from calculation H.	20	999999999.00
21 Line 18 plus line 20.		21	999999999.00
22 Taxable income	Line 16 minus line 21.	22	999999999.00
DC tax, credits, and payments			
23 Tax	X From Calculation J for married filing separately on same return.	23	999999999.00
24 Out-of-state tax credit	State AA Attach copy of state return.	24	99999.00
25 Credit for child and dependent care expenses	Attach copy of federal Form 2441 and if part-year resident, DC Form D-2441.	25	99999.00
26 DC Metropolitan Police Department housing credit		26	9999.00
27 DC Low Income Credit	Attach copy of 1040, 1040A or 1040EZ.	27	9999.00
28 Total non-refundable credits	Total of lines 24 through 27.	28	99999.00
29 Total tax	Line 23 minus line 28. If line 23 is less than line 28, enter 0.	29	999999999.00
30 Property tax credit	Attach D.C. Schedule H.	30	99999.00
31 DC Earned Income Tax Credit	Your federal EIC 9999.00 Attach copy of federal Form 1040, 1040A, or 1040EZ.	31	9999.00
32 DC income tax withheld	From Forms W-2 and 1099.	32	999999999.00
33 2002 estimated income tax payments		33	999999999.00
34 Payments made with an extension of time to file	Attach copy of DC Form FR-127.	34	999999999.00
35 Total payments and refundable credits	Total of lines 30 through 34.	35	999999999.00

Your refund		Amount you owe	
36 Amount you overpaid	36 999999.00	41 Tax due	41 999999.00
Line 29 minus line 35.		Line 29 minus line 35.	
37 Amount you want to apply	37 999999.00	42 Contribution to the public trust for	42 999999.00
to your 2003 estimated tax		drug prevention and children at risk	
38 Contribution to the public trust for	38 999999.00	43 Total amount due	43 999999.00
drug prevention and children at risk		Line 41 plus line 42.	
39 Line 37 plus line 38.	39 999999.00	Payment options	
		• Attach check or money order payable to DC Treasurer	
40 Refund amount	40 999999.00	• To pay by credit card, call 1 800 272 9829 or visit	
		www.officialpayments.com and enter jurisdiction code 6000.	

Third party designee Do you want to allow another person to discuss this return with the Office of Tax and Revenue? X Yes
Name and phone number of third party. AAAAAAAAAAAAAAAAAAAAAA 999-999-9999

Signature Under penalties of the law, I declare that I have examined this return and to the best of my knowledge it is correct.
Declaration of paid preparer other than taxpayer is based on all information available to the preparer.

Your signature	Date	Paid preparer's signature	Date
		999999999	999-999-9999
Spouse's signature	Date	Paid preparer's FEIN, SSN, or PTIN	Paid preparer's phone number